

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA

CHAPTER 13 PLAN  
AND RELATED MOTIONS

Name of Debtor(s): **Karl William Mertsch**  
**Lisa Renee Mertsch**

Case No: **15-35387-KLP**

This plan, dated **October 26, 2015**, is:

- ☒ the *first* Chapter 13 plan filed in this case.
- ☐ a modified Plan, which replaces the  
☐confirmed or ☐unconfirmed Plan dated .

Date and Time of Modified Plan Confirming Hearing:

Place of Modified Plan Confirmation Hearing:

The Plan provisions modified by this filing are:

Creditors affected by this modification are:

**NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.**

**This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing. If no objections are timely filed, a confirmation hearing will NOT be held.**

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: **\$36,520.99**  
Total Non-Priority Unsecured Debt: **\$33,824.26**  
Total Priority Debt: **\$978.26**  
Total Secured Debt: **\$32,800.00**

1. **Funding of Plan.** The debtor(s) propose to pay the trustee the sum of **\$900.00 Monthly for 59 months**. Other payments to the Trustee are as follows: **NONE**. The total amount to be paid into the plan is \$ **53,100.00**.

2. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.

**A. Administrative Claims under 11 U.S.C. § 1326.**

1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
2. Debtor(s)' attorney will be paid \$ **4,850.00** balance due of the total fee of \$ **5,050.00** concurrently with or prior to the payments to remaining creditors.

**B. Claims under 11 U.S.C. §507.**

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

<u>Creditor</u>	<u>Type of Priority</u>	<u>Estimated Claim</u>	<u>Payment and Term</u>
County of Chesterfield	Taxes and certain other debts	<b>470.33</b>	<b>Prorata</b>
Virginia Dept of Taxation	Taxes and certain other debts	<b>507.93</b>	<b>2 months</b>
			<b>Prorata</b>
			<b>2 months</b>

3. **Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.**

**A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.**

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. **Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan.**

The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u>	<u>Collateral</u>	<u>Purchase Date</u>	<u>Est Debt Bal.</u>	<u>Replacement Value</u>
Santander Consumer USA	Motor Vehicle - 2013 Dodge Caravan with 13,000 miles	11/12/2012	30,075.32	20,175.00
Springleaf Formerly AGF	Misc. Household Goods	10/3/2014	3,364.00	100.00
United Consumer Financial Serv	Purchase Money Secured - Kirby Vacuum	6/14/2013	549.00	200.00

**B. Real or Personal Property to be Surrendered.**

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

<u>Creditor</u>	<u>Collateral Description</u>	<u>Estimated Value</u>	<u>Estimated Total Claim</u>
<b>-NONE-</b>			

**C. Adequate Protection Payments.**

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

<u>Creditor</u>	<u>Collateral Description</u>	<u>Adeq. Protection Monthly Payment</u>	<u>To Be Paid By</u>
<b>CarFinance</b>	<b>Motor Vehicle - 2008 Ford F-150 with 98,000 miles</b>	<b>86.00</b>	<b>Trustee</b>
<b>Santander Consumer USA</b>	<b>Motor Vehicle - 2013 Dodge Caravan with 13,000 miles</b>	<b>100.00</b>	<b>Trustee</b>
<b>United Consumer Financial Serv</b>	<b>Purchase Money Secured - Kirby Vacuum</b>	<b>5.00</b>	<b>Trustee</b>

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

**D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):**

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, **whichever is less**, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. **Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.**

<u>Creditor</u>	<u>Collateral</u>	<u>Approx. Bal. of Debt or "Crammed Down" Value</u>	<u>Interest Rate</u>	<u>Monthly Paymt &amp; Est. Term**</u>
<b>CarFinance</b>	<b>Motor Vehicle - 2008 Ford F-150 with 98,000 miles</b>	<b>17,232.90</b>	<b>4.25%</b>	<b>363.44 52 months</b>
<b>Santander Consumer USA</b>	<b>Motor Vehicle - 2013 Dodge Caravan with 13,000 miles</b>	<b>20,175.00</b>	<b>4.25%</b>	<b>425.49 52 months</b>
<b>Springleaf</b>	<b>Misc. Household Goods</b>	<b>100.00</b>	<b>4.25%</b>	<b>4.35 24 months</b>
<b>Formerly AGF</b>				
<b>United Consumer Financial Serv</b>	<b>Purchase Money Secured - Kirby Vacuum</b>	<b>200.00</b>	<b>4.25%</b>	<b>17.05 12 months</b>

**E. Other Debts.**

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

**4. Unsecured Claims.**

**A. Not separately classified.** Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately 6 %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 0 %.

**B. Separately classified unsecured claims.**

<u>Creditor</u>	<u>Basis for Classification</u>	<u>Treatment</u>
<b>-NONE-</b>		

**5. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).**

- A. Debtor(s) to make regular contract payments; arrearages, if any, to be paid by Trustee.** The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

<u>Creditor</u>	<u>Collateral</u>	<u>Regular Contract Payment</u>	<u>Estimated Arrearage</u>	<u>Arrearage Interest Rate</u>	<u>Estimated Cure Period</u>	<u>Monthly Arrearage Payment</u>
<b>-NONE-</b>						

- B. Trustee to make contract payments and cure arrearages, if any.** The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

<u>Creditor</u>	<u>Collateral</u>	<u>Regular Contract Payment</u>	<u>Estimated Arrearage</u>	<u>Interest Rate</u>	<u>Term for Arrearage</u>	<u>Monthly Arrearage Payment</u>
<b>-NONE-</b>						

- C. Restructured Mortgage Loans to be paid fully during term of Plan.** Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

<u>Creditor</u>	<u>Collateral</u>	<u>Interest Rate</u>	<u>Estimated Claim</u>	<u>Monthly Paymt&amp; Est. Term**</u>
<b>-NONE-</b>				

**6. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.

- A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts.

<u>Creditor</u>	<u>Type of Contract</u>
<b>-NONE-</b>	

- B. Executory contracts and unexpired leases to be assumed.** The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

<u>Creditor</u>	<u>Type of Contract</u>	<u>Arrearage</u>	<u>Monthly Payment for Arrears</u>	<u>Estimated Cure Period</u>
<b>-NONE-</b>				

**7. Liens Which Debtor(s) Seek to Avoid.**

- A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f).** The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. **Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien.** If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u>	<u>Collateral</u>	<u>Exemption Amount</u>	<u>Value of Collateral</u>
<b>-NONE-</b>			

- B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f).** The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u>	<u>Type of Lien</u>	<u>Description of Collateral</u>	<u>Basis for Avoidance</u>
<b>-NONE-</b>			

**8. Treatment and Payment of Claims.**

- All creditors must timely file a proof of claim to receive payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

- 9. Vesting of Property of the Estate.** Property of the estate shall revert in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.

- 10. Incurrence of indebtedness.** The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.

**11. Other provisions of this plan:**

**I. Payment of Adequate Protection**

- All adequate protection payments set forth in Section 3.C are to be paid through the Trustee.
- The Debtors shall pay regular post-petition contract payments to the creditors listed in Section 5.A., and such payments shall also constitute adequate protection payments to such creditors. Accordingly, the Trustee shall not pay adequate protection payments to creditors listed in Section 5.A.
- No adequate protection payments are to be paid to any creditors unless the Plan provides for the payment of adequate protection of such claim(s) through the Trustee in Section 3.C. or directly by the Debtors in Section 5.A., or unless the Court orders otherwise.

**II. Notwithstanding the confirmation of this plan the debtor(s) reserve the right to challenge the allowance, validity, or enforceability of any claim in accordance with § 502(b) and to challenge the standing of any party to assert any such claim.**

**Signatures:**

**Dated:** October 26, 2015

/s/ Karl William Mertsch  
Karl William Mertsch  
Debtor

/s/ Patrick Thomas Keith VSB  
Patrick Thomas Keith VSB 48446  
Debtor's Attorney

/s/ Lisa Renee Mertsch  
Lisa Renee Mertsch  
Joint Debtor

**Exhibits:** **Copy of Debtor(s)' Budget (Schedules I and J);  
Matrix of Parties Served with Plan**

Certificate of Service

I certify that on October 26, 2015, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

/s/ Patrick Thomas Keith VSB  
Patrick Thomas Keith VSB 48446  
Signature

P. O. Box 11588  
Richmond, VA 23230-1588  
Address

804-358-9900  
Telephone No.

Ver. 09/17/09 [effective 12/01/09]

United States Bankruptcy Court  
Eastern District of Virginia

In re **Karl William Mertsch**  
**Lisa Renee Mertsch**

Debtor(s)

Case No. **15-35387-KLP**  
Chapter **13**

**SPECIAL NOTICE TO SECURED CREDITOR**

To: **Santander Consumer USA, Inc., C/O CT Corporation System, Reg. Agent**  
**4701 Cox Road, Suite 285; Glen Allen, VA 23060**  
*Name of creditor*

**Motor Vehicle - 2013 Dodge Caravan with 13,000 miles**  
*Description of collateral*

1. The attached chapter 13 plan filed by the debtor(s) proposes (*check one*):

- ☒ To value your collateral. ***See Section 3 of the plan.*** Your lien will be limited to the value of the collateral, and any amount you are owed above the value of the collateral will be treated as an unsecured claim.
- ☐ To cancel or reduce a judgment lien or a non-purchase money, non-possessory security interest you hold. ***See Section 7 of the plan.*** All or a portion of the amount you are owed will be treated as an unsecured claim.

2. ***You should read the attached plan carefully for the details of how your claim is treated.*** The plan may be confirmed, and the proposed relief granted, unless you file and serve a written objection by the date specified and appear at the confirmation hearing. A copy of the objection must be served on the debtor(s), their attorney, and the chapter 13 trustee.

Date objection due: **No later than (7) days prior to 1/6/16**  
Date and time of confirmation hearing: **1/6/16 @ 9:10 a.m.**  
Place of confirmation hearing: **701 E. Broad St., Room 5100, Richmond, VA**

**Karl William Mertsch**  
**Lisa Renee Mertsch**  
*Name(s) of debtor(s)*

By: **/s/ Patrick Thomas Keith VSB**  
**Patrick Thomas Keith VSB 48446**  
*Signature*

- ☒ Debtor(s)' Attorney  
☐ Pro se debtor

**Patrick Thomas Keith VSB 48446**  
*Name of attorney for debtor(s)*  
**P. O. Box 11588**  
**Richmond, VA 23230-1588**  
*Address of attorney [or pro se debtor]*

Tel. # **804-358-9900**  
Fax # **(804) 358-8704**

CERTIFICATE OF SERVICE

I hereby certify that true copies of the foregoing Notice and attached Chapter 13 Plan and Related Motions were served upon the creditor noted above by

☒ first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

☐ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this October 26, 2015.

/s/ Patrick Thomas Keith VSB  
**Patrick Thomas Keith VSB 48446**  
*Signature of attorney for debtor(s)*

Ver. 09/17/09 [effective 12/01/09]



United States Bankruptcy Court  
Eastern District of Virginia

In re **Karl William Mertsch**  
**Lisa Renee Mertsch**

Debtor(s)

Case No. **15-35387-KLP**  
Chapter **13**

**SPECIAL NOTICE TO SECURED CREDITOR**

To: **Springleaf Formerly AGF, C/O CT Corporation System, Reg Agent**  
**4701 Cox Road, Suite 285; Glen Allen, VA 23060**

*Name of creditor*

**Misc. Household Goods**

*Description of collateral*

1. The attached chapter 13 plan filed by the debtor(s) proposes (*check one*):

- ☒ To value your collateral. *See Section 3 of the plan.* Your lien will be limited to the value of the collateral, and any amount you are owed above the value of the collateral will be treated as an unsecured claim.
- ☐ To cancel or reduce a judgment lien or a non-purchase money, non-possessory security interest you hold. *See Section 7 of the plan.* All or a portion of the amount you are owed will be treated as an unsecured claim.

2. *You should read the attached plan carefully for the details of how your claim is treated.* The plan may be confirmed, and the proposed relief granted, unless you file and serve a written objection by the date specified and appear at the confirmation hearing. A copy of the objection must be served on the debtor(s), their attorney, and the chapter 13 trustee.

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**Karl William Mertsch**  
**Lisa Renee Mertsch**

*Name(s) of debtor(s)*

By: **/s/ Patrick Thomas Keith VSB**  
**Patrick Thomas Keith VSB 48446**  
*Signature*

- ☒ Debtor(s)' Attorney  
☐ Pro se debtor

**Patrick Thomas Keith VSB 48446**

*Name of attorney for debtor(s)*

**P. O. Box 11588**

**Richmond, VA 23230-1588**

*Address of attorney [or pro se debtor]*

Tel. # **804-358-9900**

Fax # **(804) 358-8704**

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☒ first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

☐ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this **October 26, 2015**.

**/s/ Patrick Thomas Keith VSB**

**Patrick Thomas Keith VSB 48446**

*Signature of attorney for debtor(s)*

Ver. 09/17/09 [effective 12/01/09]

United States Bankruptcy Court  
Eastern District of Virginia

In re **Karl William Mertsch**  
**Lisa Renee Mertsch**

Debtor(s)

Case No. **15-35387-KLP**  
Chapter **13**

**SPECIAL NOTICE TO SECURED CREDITOR**

To: **United Consumer Financial Services Company, C/O CT Corporation System, Reg Agent**  
**1300 E. 9th Street; Cleveland, OH 44114**  
*Name of creditor*

**Purchase Money Secured - Kirby Vacuum**  
*Description of collateral*

1. The attached chapter 13 plan filed by the debtor(s) proposes (*check one*):

- ☒ To value your collateral. *See Section 3 of the plan.* Your lien will be limited to the value of the collateral, and any amount you are owed above the value of the collateral will be treated as an unsecured claim.
- ☐ To cancel or reduce a judgment lien or a non-purchase money, non-possessory security interest you hold. *See Section 7 of the plan.* All or a portion of the amount you are owed will be treated as an unsecured claim.

2. *You should read the attached plan carefully for the details of how your claim is treated.* The plan may be confirmed, and the proposed relief granted, unless you file and serve a written objection by the date specified and appear at the confirmation hearing. A copy of the objection must be served on the debtor(s), their attorney, and the chapter 13 trustee.

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**Karl William Mertsch**  
**Lisa Renee Mertsch**  
*Name(s) of debtor(s)*

By: **/s/ Patrick Thomas Keith VSB**  
**Patrick Thomas Keith VSB 48446**  
*Signature*

- ☒ Debtor(s)' Attorney  
☐ Pro se debtor

**Patrick Thomas Keith VSB 48446**  
*Name of attorney for debtor(s)*  
**P. O. Box 11588**  
**Richmond, VA 23230-1588**  
*Address of attorney [or pro se debtor]*

Tel. # **804-358-9900**  
Fax # **(804) 358-8704**

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☒ first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

☐ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this October 26, 2015.

/s/ Patrick Thomas Keith VSB  
**Patrick Thomas Keith VSB 48446**  
*Signature of attorney for debtor(s)*

Ver. 09/17/09 [effective 12/01/09]

Fill in this information to identify your case:

Debtor 1 Karl William Mertsch

Debtor 2 Lisa Renee Mertsch  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 15-35387-KLP  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
	<b>Occupation</b>	<u>Swing Driver</u>	<u>Homemaker</u>
	<b>Employer's name</b>	<u>Stericycle</u>	
	<b>Employer's address</b>	<u>28161 Keith Drive</u> <u>Lake Forest, IL 60045</u>	
	<b>How long employed there?</b>	<u>Since 3/2/2015</u>	

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,055.00</u>	\$ <u>0.00</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>4,055.00</u>	\$ <u>0.00</u>

Debtor 1 **Karl William Mertsch**  
Debtor 2 **Lisa Renee Mertsch**

Case number (if known) **15-35387-KLP**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>4,055.00</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>429.78</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>40.56</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>330.18</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: <u>Addt AD&amp;D</u>	5h.+ \$ <b>10.94</b> + \$ <b>0.00</b>	\$ <b>0.00</b>
<u>Supp Child</u>	\$ <b>1.65</b>	\$ <b>0.00</b>
<u>Supp Life</u>	\$ <b>26.07</b>	\$ <b>0.00</b>
<u>Supp Spouse</u>	\$ <b>6.11</b>	\$ <b>0.00</b>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>845.29</b>	\$ <b>0.00</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>3,209.71</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: <u>Federal and State Tax Refunds Amortized</u>	8h.+ \$ <b>313.00</b> + \$ <b>0.00</b>	\$ <b>0.00</b>
<u>Part time job</u>	\$ <b>1,083.00</b>	\$ <b>0.00</b>
<u>Sons' SSI</u>	\$ <b>750.00</b>	\$ <b>0.00</b>
<u>Hipp for Kids</u>	\$ <b>305.00</b>	\$ <b>0.00</b>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>2,451.00</b>	\$ <b>0.00</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>5,660.71</b> + \$ <b>0.00</b> = \$ <b>5,660.71</b>	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ <b>0.00</b>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>5,660.71</b>	<b>Combined monthly income</b>

Debtor 1 **Karl William Mertsch**  
Debtor 2 **Lisa Renee Mertsch**

Case number (if known) **15-35387-KLP**

13. Do you expect an increase or decrease within the year after you file this form?

☒

No.

☐

Yes. Explain:

Fill in this information to identify your case:

Debtor 1 Karl William Mertsch

Debtor 2 Lisa Renee Mertsch  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 15-35387-KLP  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Son	2	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	7	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	9	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	12	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 800.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00

4b. \$ 29.00

4c. \$ 0.00

4d. \$ 0.00

5. \$ 0.00



Debtor 1 **Karl William Mertsch**  
Debtor 2 **Lisa Renee Mertsch**

Case number (if known) **15-35387-KLP**

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>330.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>90.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>350.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>1,000.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>50.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>150.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>150.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>200.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>358.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>150.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>158.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Personal Property</b>		
	16. \$	<b>45.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>		
	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b>		
	\$	<b>0.00</b>
Specify: _____		
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other: Specify: <u>Miscellaneous Expenses</u></b>		
	21. +\$	<b>150.00</b>
<b>In re Mort Ranta</b>	+\$	<b>750.00</b>
<b>22. Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	<b>4,760.00</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>5,660.71</b>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<b>4,760.00</b>
<b>23c. Subtract your monthly expenses from your monthly income.</b> The result is your <i>monthly net income</i> .		
	23c. \$	<b>900.71</b>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: _____		

Office of the US Trustee  
701 E. Broad Street  
Room 4304  
Richmond, VA 23219

Advanced Allergy & Asthma ofVA  
P.O. Box 70219  
Henrico, VA 23255

Alpha Recovery Corp.  
5660 Greenwood Plaza Blvd.  
Suite 101  
Englewood, CO 80111

AvantCredit of Virginia LLC  
640 N. La Salle Dr., Suite 535  
Chicago, IL 60654

Capital One  
PO Box 71083  
Charlotte, NC 28272-1083

CarFinance  
PO Box 660057  
Dallas, TX 75266

CCS/First National Bank  
Re: Bankruptcy  
500 E 60th St N  
Sioux Falls, SD 57104

Chesterfield Imaging Center  
P.O. Box 277162  
Atlanta, GA 30384-7162

Commonwealth Anesthesia Assoc.  
Attn: Bankruptcy Dept.  
PO Box 35808  
Richmond, VA 23235

County of Chesterfield  
Treasurer  
P.O. Box 40  
Chesterfield, VA 23832

First National Credit Card  
Re: Bankruptcy  
Po Box 5097  
Sioux Falls, SD 57117-5097

First Premier Bank  
Attn: Bankruptcy Dept.  
PO Box 5524  
Sioux Falls, SD 57117-5524

LCA Collections  
Re: LabCorp  
PO Box 2240  
Burlington, NC 27216-2240

Merrick Bank  
Attn: Bankruptcy Dept.  
PO Box 9201  
Old Bethpage, NY 11804

Midlothian Family Practice  
Attn: Bankruptcy Dept.  
13332 Midlothian Tnpk.  
Midlothian, VA 23113

Milestone MC  
Bankcard Services  
P.O. Box 4499  
Beaverton, OR 97076-4499

OrthoVirginia  
P.O. Box 35725  
Richmond, VA 23235-0725

Patient First  
Re: Bankruptcy  
PO Box 758941  
Baltimore, MD 21275-8941

Patient First  
Attn: Patient Accounts  
5000 Cox Road, Suite 100  
Glen Allen, VA 23060

PHG Physicans Family Medicine  
P.O. Box 740776  
Cincinnati, OH 45274

Pulmonary Associates of  
Richmond, Inc.  
1000 Boulders Pkwy, #102  
Richmond, VA 23225

Radiology Assoc. of Richmond  
2602 Burford Rd.  
Richmond, VA 23235

Santander Consumer USA  
Attn: Bankruptcy Department  
PO Box 560284  
Dallas, TX 75356-0284

Springleaf Formerly AGF  
Oxbridge Square  
9947 Hull Street Road  
Richmond, VA 23236-1412

Sprint  
Attn: Bankruptcy Dept  
12502 Sprint  
Reston, VA 20196

SYNCB/Amazon  
Po Box 981432  
El Paso, TX 79998

SYNCB/GAP  
PO Box 965005  
Orlando, FL 32896

SYNCB/Walmart DC  
4125 Windward Plz  
Alpharetta, GA 30005

Synchony/CARE  
PO Box 960061  
Orlando, FL 32896-0061

Synchrony Bank  
Recovery Management  
25 SE 2nd Ave., Suite 1120  
Miami, FL 33131

T-Mobile  
Re: Bankruptcy  
P.O. Box 37380  
Albuquerque, NM 87176-7380

TD Bank USA, N.A.  
c/o Weinstein & Riley, P.S.  
2001 Western Ave., Ste.400  
Seattle, WA 98121

Tidewater Physical Therapy  
Re: Bankruptcy  
771-A Pilot House Drive  
Newport News, VA 23606

United Consumer Financial Serv  
P.O. Box 856290  
Louisville, KY 40285-6290

US Bank  
U.S. Bancorp Center  
800 Nicollet Mall  
Minneapolis, MN 55402

Verizon  
500 Technology Drive  
Suite 550  
Saint Charles, MO 63304-2225

Virginia Dept of Taxation  
P.O. Box 2156  
Richmond, VA 23218

WEBBANK/Fingerhut  
6250 Ridgewood Road  
Saint Cloud, MN 56303